most severe injuries, defined by KTS ≤14. 94.8% of patients were treated and sent home, 5.0% were admitted and the remaining patients were referred on or died.
Conclusion: The methods from this study can be used to establish similar systems throughout district regions of Malawi and inform local trauma prevention and treatment policies.

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0204: SAFE SURGICAL WARD ROUNDS, A COMPLETED QUALITY IMPROVEMENT CYCLE

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Introduction: Surgical ward rounds are frequently rushed due to various factors including patient volume. The Royal College of Surgeons has yet to introduce ward round standards.
Plan: This quality improvement project aimed to improve the effectiveness and safety of ward rounds in the surgical emergency unit (SEU) at the John Radcliffe Hospital, Oxford.
Do: Consultant surgeons in the SEU were approached to establish ten criteria to be addressed during every patient's ward round consultation. These were used to create an audit collection tool.
Check: 95 patients were audited over 3 days in the SEU. This showed an average compliance of 48% across all criteria. Mean time per consultation was 4.8 minutes.
Act: Stickers containing the criteria were placed on portable computers used during ward rounds throughout the unit. Stakeholders were engaged during clinical governance presentations and email discussions. Parallel audits were carried out.
Result: A re-audit of 115 patients over 3 days took place after the interventions. Average compliance increased to 83% across all criteria. Mean time per consultation improved to 3.7 minutes (p=0.071).
Conclusion: This completed audit cycle shows that a standardised approach to ward rounds can ensure that patients can be thoroughly reviewed without incurring time delays.

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0252: ACUTE RIGHT ILIAC FOSSA PAIN SHOULD BE MANAGED IN AMBULATORY CARE

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Aim: RIF pain is common but diagnosis is often diffciult. Blood tests and imaging may guide safe ambulatory care.
Method: All patients with codes for appendicitis presenting to a University Hospital in 2014 were included. Imaging (ultrasound or CT) was matched to histological results. A subset were assessed for CRP and WCC.
Result: 274 patients were in the imaging analysis. 62 (23%) underwent ultrasound (US); 56 (20%) had CT; 5(2%) had both. In the US group; the appendix was not identified in 19 (31%), 29 (47%) were diagnosed with appendicitis (28 further proven histologically (97%PPV)) and of 7 (11%) labelled normal 4 had histological appendicitis. In the CT group; 50 (89%) were labelled appendicitis (3/50 (6%) were not proven histologically).105 patients' (66: 49 F: M) blood results were analysed. 40 of 57 appendicectomies had histological appendicitis. 73% and 98% of the appendicitis group had raised single or double inflammatory markers respectively. None of the patients with 2 normal markers had appendicitis.
Conclusion: RIF pain with normal CRP and WCC is not appendicitis and needs no admission. If both blood markers are raised 88% have appendicitis. PPVs for US and CT are 47% and 84% respectively. These data will minimise hospital admissions.

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0257: OUTCOMES FROM TRAUMATIC CARDIAC ARREST IN A SINGLE UK MAJOR TRAUMA CENTRE

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Aim: Anecdotally, survival following traumatic cardiac arrest (TCA) has increased since the development of major trauma networks. We aimed to determine the survival following TCA at a major trauma centre (MTC).
Method: Analysis of retrospective data from a single MTC database between 2012 and 2015.
Result: 31 adults (mean age 49.6 years, 70% male) and 3 children with a TCA were included in the study. 24 (71%) had blunt trauma, 5 (18%) had asphyxiated, 4 (2%) had penetrating trauma.
Overall, 8 (24%) patients survived. The causes of TCA were hypovolemia (4 patients), hypoxia (3 patients), cardiac tamponade (1 patient). Three patients (75%) with penetrating trauma, 4 (16.6%) with blunt trauma and 1 with asphyxia survived.
Mean length of CPR in survivors was 4.5 min (range 2.0 to 10.0 minutes) compared to 20.6 minutes (range 0.5 to 42.0 minutes) in non-survivors.
Six survivors (75%) were neurologically intact on discharge and 2 had neurological impairment (1 blunt trauma, 1 asphyxia). Three (75%) blunt TCA survivors had a good neurological outcome.
Conclusion: There is appreciable survival following TCA. The survival with good neurological outcome following blunt trauma is higher than historical reports and active resuscitation should be considered in this patient group.

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0380: IS WALES COMPLYING WITH ROYAL COLLEGE OF SURGEONS SURGICAL HANDOVER GUIDANCE?

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Aim: We prospectively examined adherence to the Royal College of Surgeons England (RCS) Guidance on handover (2007) in hospitals across Wales.
Method: A data collection tool was designed and agreed by the audit team and disseminated. Trainees were recruited via the Welsh Barbers Research Group.
Result: Trainees of all levels from 6 sites participated. 72 episodes of handover were audited. 89% (64) of handovers were conducted within a designated space. 74% used a paper system. Average handover length was 20 minutes. Only 35% (25) were bleep free. MDT involvement was limited. Patient demographics were well reported, as were diagnosis, and investigations outstanding. However the urgency of review required was not stipulated in 33%.
Conclusion: This audit represents the first attempt to quantify practice across the region. Adherence to guidance is variable. Practice is varied with regards to method and members of the team involved. Patient information on the whole is well reported however units struggle to find a suitable location and are frequently interrupted. The audit demonstrates the effectiveness of a collaborative approach; we intend to use the data to complete a much required all Wales patient safety initiative to improve the efficacy and safety of current handover procedures.

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0607: ABDOMINAL RADIOGRAPHS IN THE ACUTE ABDOMEN: ARE WE FABRICATING TO GET AN UNNECESSARY TEST?

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Aim: The plain abdominal radiograph (AXR) is frequently overused in the investigation of the acute abdomen. The Royal College of Radiologists (RCR) recommends its use in suspected obstruction, perforation or